

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CITY OF GARFIELD HEIGHTS
c/o Tim Riley, Law Director
5407 Turney Road
Garfield Heights, OH 44125



9590 9402 5818 0034 9467 29

2. Article Number (Transfer from service label)

7014 1820 0002 3725 3052

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Mark A Stokes

C. Date of Delivery

6-23-20

- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation
☐ Signature Confirmation Restricted Delivery

20-1288

Domestic Return Receipt

USPS TRACKING#

9590 9402 5818 0034 9467 29

United States
Postal Service

- Sender: Please print your name, address, and ZIP+4® in this box•

Sandy Opacich, Clerk of Court
U.S.D.C., Northern District of OH
Carl B. Stokes U.S. Courthouse
801 West Superior Avenue
Cleveland OH 44113
Case No. 1:20-cv-01288

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

